

# Request for Translating Service

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**Material to be Translated**

Author			
Title of Article			
Name of Journal			
Volume	Issue Number	Page Numbers ( <i>inclusive</i> )	Date of Issue

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Check one <input type="checkbox"/> Oral ( <i>in person</i> ) <input type="checkbox"/> Oral ( <i>recorded</i> ) <input type="checkbox"/> Written	Deadline ( <i>if any</i> ) for Translation	Only written translations to be contracted out require approval by the designated approving officer and Common Account Number.  Oral service is available in French, German, Italian, Russian, and Spanish. Oral (in person) requires advance appointment. Oral (recorded on cassette) is filled like a regular request.
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Other Instructions

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Reviewed by				
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Received				
Language		Special	Due Date	
Number of Words		Routine	Maximum Charge	